







PR∩I	ECT APPROVAL FORM					
Provider Information						
Trovider informa						
Provider Name:		Contact Name:				
DUNS Number:		Title of Contact:				
FEIN Number:		Email Address:				
Mailing Address:		Telephone Number:				
City		Fax Number:				
City:						
Zip Code + 4:		Winning Bid Price (\$/kWh):				
		Requested Grant Amount (\$):				
Project Informati	on					
Project Title:		Proposed Start Date:				
		Proposed Start Bate.				
		Completion Date:				
Name of Project Ow	ner:	Project Site Address:				
Email Address:		City:				
Telephone Number:		Zip Code + 4:				
Size of Facility (Sq. ft.):		Company Size:				
NAICS Code:		(Number of FTEs)				
What is the age of the facility:						
Is the Project listed on the National Historic Preservation Registry? Yes No						

PROJECT APPROVAL FORM								
Metrics Activity								
Project Type: Electric Energy Reduction Thermal Energy Reduction								
Jobs Created or Retained: Annual Energy Savings: FTE GHG Emissions Reduced: kWh Cost Effectiveness:	CO ₂ e MMBTU/\$1000							
Annual Natural Gas Savings: Therms x 29.31= kWh								
Project Narrative								
Provide a description of the proposed project, including goals and objectives and a statement of wor and activities). The description should also include information on the proposed project location, lic required (if applicable) and the current status of the project.								

PROJECT APPROVAL FORM

Project Timeline

Provide a proposed timeline for project milestones or events: A milestone/event could be a percentage of project completion, ground breaking or any other marker determined by the applicant.

Date	Milestone	

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Supplier Signature							
I hereby certify that I am authorized to submit this application and that the information presented in this application is true and accurate. In addition, I agree to abide by all the terms and conditions described in the Missouri Department of Natural Resources <i>Energize Missouri Industries</i> – Best-Price Energy Efficiency program guidelines, subgrant agreement, and all supporting documents.							
As a certified provider of the <i>Energize Missouri Industries</i> – Best-Price Energy Efficiency Program, I agree to pass the following incentive rate and total amount to the project owner.							
Electric Incentive Rate:		\$/kWh	Total Incentive Amount (\$):				
Na	me		Signature	Date			
Customer Signature							
implement this pro Department of Na agreement, and all	oject at my project site. In actural Resources <i>Energize Mi</i> I supporting documents.	ddition, I agree to a	e project described in the project abide by all the terms and conditi - Best-Price Energy Efficiency pr	ions described in the Missouri rogram guidelines, subgrant			
Na	me		Signature	Date			